101727,201

| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003  10 7070                                                                                                                                                                                                                                       |                                                |                                           |                  |                                   |                    |                  |            |                         |                        |        |                     |                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|------------------|-----------------------------------|--------------------|------------------|------------|-------------------------|------------------------|--------|---------------------|-----------------------------------------|
| CLAIMS AS FILED - PART I                                                                                                                                                                                                                                                                                              |                                                |                                           |                  |                                   |                    |                  |            | SMALL ENTITY OTHER THAN |                        |        |                     |                                         |
| (Column 1) (Column 2)                                                                                                                                                                                                                                                                                                 |                                                |                                           |                  |                                   |                    |                  |            | E                       |                        | OR     |                     |                                         |
| TC                                                                                                                                                                                                                                                                                                                    | TAL CLAIMS                                     |                                           | 57               |                                   |                    |                  | R          | ATE                     | FEE                    | ]      | RATE                | FEE                                     |
| FOR                                                                                                                                                                                                                                                                                                                   |                                                |                                           | NUMBER FILED     |                                   | NUMBER EXTRA       |                  | BAS        | IC FEE                  | 385.00                 | OR     | BASIC FEE           | 770.00                                  |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                               |                                                |                                           | 5 minus 20≃      |                                   | . 37               |                  | ×          | X\$ 9=                  |                        | OR     | X\$18=              | 666                                     |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                    |                                                |                                           | 5 minus 3 =      |                                   | · 0                |                  | X          | X43=                    |                        | OR     | X86=                | 170                                     |
| MU                                                                                                                                                                                                                                                                                                                    | LTIPLE DEPEN                                   | IDENT CLAIM PI                            | RESENT           |                                   |                    |                  |            | +145=                   |                        | OR     | +290=               | $\mathcal{H}\mathcal{O}$                |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                                                                                              |                                                |                                           |                  |                                   |                    |                  |            | TAL                     | <del> </del>           | OR     | TOTAL               | IGAT                                    |
| CLAIMS AS AMENDED - PART II OTHER TH                                                                                                                                                                                                                                                                                  |                                                |                                           |                  |                                   |                    |                  |            |                         |                        |        |                     | *************************************** |
|                                                                                                                                                                                                                                                                                                                       |                                                | (Column 1)                                |                  | (Colun                            | nn 2)              | (Column 3)       | SMALL      |                         | ENTITY                 | OR     | SMALL               |                                         |
| AMENDMENT A                                                                                                                                                                                                                                                                                                           |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGHI<br>NUME<br>PREVIC<br>PAID I | BER<br>OUSLY       | PRESENT<br>EXTRA | R/         | ATE                     | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE                  |
|                                                                                                                                                                                                                                                                                                                       | Total                                          | . 57                                      | Minus            | # S                               | 7                  |                  | X          | S 9=                    |                        | OR     | X\$18=              |                                         |
| AME                                                                                                                                                                                                                                                                                                                   | Independent                                    | * 5                                       | Minus            |                                   |                    | -                | X          | <del>1</del> 3=         |                        | OR     | X86=                |                                         |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                        |                                                |                                           |                  |                                   |                    |                  |            | 45=                     |                        | OR     | +290=               |                                         |
|                                                                                                                                                                                                                                                                                                                       |                                                |                                           |                  |                                   |                    |                  |            | TOTAL<br>T. FEE         |                        |        | TOTAL<br>ADDIT. FEE |                                         |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                      |                                                |                                           |                  |                                   |                    |                  |            |                         |                        |        | ADDII. FEE          |                                         |
| AMENDMENT B                                                                                                                                                                                                                                                                                                           |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER<br>JUSLY       | PRESENT<br>EXTRA | R/         | ATE                     | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE                  |
|                                                                                                                                                                                                                                                                                                                       | Total                                          | *                                         | Minus            | ## ·                              |                    | 2                | XS         | 9=                      |                        | OR     | X\$18=              |                                         |
| AME.                                                                                                                                                                                                                                                                                                                  | Independent                                    | *                                         | Minus            | ***                               |                    | =                | -X4        | 3=                      |                        | OR     | X86=                |                                         |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                        |                                                |                                           |                  |                                   |                    |                  |            |                         |                        |        |                     |                                         |
| TOTAL OR TOTAL ADDIT. FEE                                                                                                                                                                                                                                                                                             |                                                |                                           |                  |                                   |                    |                  |            |                         |                        |        |                     |                                         |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                      |                                                |                                           |                  |                                   |                    |                  |            |                         |                        |        |                     |                                         |
| AMENDMENT C                                                                                                                                                                                                                                                                                                           |                                                | CLAIMS REMAINING AFTER AMENDMENT          |                  | HIGHE<br>NUME<br>PREVIO<br>PAID F | EST<br>BER<br>USLY | PRESENT<br>EXTRA | RA         | TE                      | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE                  |
|                                                                                                                                                                                                                                                                                                                       | Total                                          | *                                         | Minus            | **                                |                    | =                | ×\$        | 9=                      |                        | OR     | X\$18=              |                                         |
|                                                                                                                                                                                                                                                                                                                       | Independent                                    | *                                         | Minus            | *** ;                             |                    | =                | <b>—</b>   | 3=                      |                        |        | X86=                |                                         |
| ⋖ [                                                                                                                                                                                                                                                                                                                   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                  |                                   |                    |                  |            | <del>-</del>            |                        | OR     |                     |                                         |
| <b>+</b> 14                                                                                                                                                                                                                                                                                                           | the entry in eather                            | ma 1 je lasa than th                      | a anter le sol·  | ma 0                              | ,<br>40° in*       | umo 2            | +14        |                         |                        | OR     | +290=               |                                         |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **TOTAL ADDIT. FEE OPTION TOTAL ADDIT. FEE |                                                |                                           |                  |                                   |                    |                  |            |                         |                        |        |                     |                                         |
| 1                                                                                                                                                                                                                                                                                                                     | he "Highest Num                                | nber Previously Paid                      | d For" (Total or | Independe                         | nt) is the         | highest numbe    | r-found in | the app                 | oropriate box          | in col | umn 1.              |                                         |